

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014578

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 45

FILED APR 30 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

Excelsior Springs

Length of stay in 1b

Several yrs

c. FULL NAME OF (If NOT in hospital, give location)

Clay Hotel

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY

OR

Excelsior Springs

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

Clay Hotel

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Jewell

Middle

Alexander

Last

Gooch

4. DATE OF DEATH

Month

Day

Year

April 10, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

12-8-1906

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barman

10b. KIND OF BUSINESS OR INDUSTRY

Alpine Bar

11. BIRTHPLACE (City and state or country)

Orrick, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Gooch

13b. MOTHER'S MAIDEN NAME

Sallie Youngblood

14. NAME OF HUSBAND OR WIFE

Ella Rose Gooch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Ruby Gooch, 1428 Charlotte St., K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown - Apparent Acute Coronary SD

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. P. Gooch, Coroner

22b. ADDRESS

North Kansas City Mo 64116

22c. DATE SIGNED

4/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-13-62

23c. NAME OF CEMETERY OR CREMATORY

Southpoint Cemetery

23d. LOCATION (City, town, or county)

Orrick, Mo.

(State)

24. FUNERAL DIRECTOR

Prichard Funeral Home, Inc.

25. DATE RECD. BY LOCAL REG.

4-21-62

26. REGISTRAR'S SIGNATURE

Baroline Hutchings

Excelsior Springs, Missouri (United Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6001

6001

3

4 0

5 3

6

7 0

8 2

9 4201

10

11

12 90-3

13 -0

VS MAY 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lindell Jarman

Licensed Embalmer No. 4589
Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.